

FINANCIAL STATUS REPORT FOR LOCAL HEALTH SERVICES

Michigan Department of Community Health

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Local Agency Name				Date Prepared	
Report Period: From:		Thru:		<input type="checkbox"/> FINAL	
Agreement Period: From:		Thru:			
EXPENDITURE CATEGORY:					
1	Salaries and Wages				
2	Fringe Benefits				
3	Capital Expenditures for Equipment and Facilities				
4	Contractual (Secondary-Recipient Organization)				
5	Other Expenses:				
6	Supplies & Materials				
7	Travel				
8	Communications				
9	County / City Central Services				
10	Space Costs				
11	All Others (ADP, Contractual Employees & Miscellaneous)				
12	Total Direct Expenditures (Sum of Lines 1 thru 11, excluding 5)	\$		\$	-
13	Admin. O/H Cost Rate #1 %				
14	Admin. O/H Cost Rate #2 %				
15	Total Direct & Admin. Expend. (Sum Lines 12, 13 & 14)	\$		\$	-
16a	Other Cost Distributions:				
b					
c					
d					
e					
17	TOTAL EXPENDITURES (Sum of Lines 15 & 16a thru 16 e)	\$	-	\$	-
EXCLUSION ITEMS:					
18	Fees 1st & 2nd Party				
19	Fees & Collections - 3rd Party				
20	Federal/State Funding (Non-MDCH)				
21a	Local (Non-LPHO)				
b					
c					
22	Other (Non-LPHO)				
23	MDCH - Non-CPBC				
24a	MDCH - CPBC				
b					
c					
d					
e					
f					
g					
h					
i					
j					
25	Total MDCH - CPBC (Sum of Lines 24a thru 24 j)	\$	-	\$	-
26	Total Exclusions: (Sum Lines 18 thru 23 +25)	\$	-	\$	-
NET ALLOWABLE EXPENDITURES for LOCAL PUBLIC HEALTH OPERATIONS:					
27	Net Allowable Expenditures (Lines 17 minus line 26)	\$	-	\$	-
28	State LPHO				
29	Local Funds - Other (Line 27 minus Line 28)	\$	-	\$	-
PAYMENT and BUDGET STATUS:					
30	Payments Received YTD				
31	Total CPBC: (Line 25)	\$	-	\$	-
32	Payment [under] / over amount earned (Line 30 - Line 31)	\$	-	\$	-
33	Agreement Amount				
34	Earned-to-Date (Line 25)	\$	-	\$	-
35	Agreement Balance (Line 33 minus Line 34)	\$	-	\$	-
CERTIFICATION: I certify that I am authorized to sign on behalf of the Local Agency and that this is a true and correct statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period.					
Signature		Title		Date	
Authority: P.A. 368 of 1978.		The Department of Community Health is an equal opportunity employer, services and programs provider.			
Completion: Is Voluntary, but is a condition of reimbursement.					